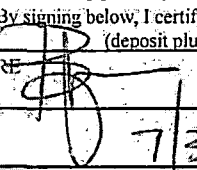



AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME BRITTANY L. JENSEN		2. PHONE NUMBER (361) 888-3111		3. DATE 7/3/2019	
4. MAILING ADDRESS 800 N. Shoreline Blvd., Ste. 500		5. CITY Corpus Christi		6. STATE TX	7. ZIP CODE 78401
8. CASE NUMBER C-19-2225-M	9. JUDGE JASON B. LIBBY	DATES OF PROCEEDINGS			
		10. FROM 6/25/2019		11. TO 6/25/2019	
12. CASE NAME USA v. EDWARD SANCHEZ		LOCATION OF PROCEEDINGS			
		13. CITY Corpus Christi		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Detention Hearing	
<input type="checkbox"/> BAIL HEARING				6/25/2019	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 0		0.00
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		0.00
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		290.00
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	290.00
18. SIGNATURE 				PROCESSED BY  7/3/19	
19. DATE 7/3/19				PHONE NUMBER 361 5 888-3142	
TRANSCRIPT TO BE PREPARED BY Exceptional				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES 290.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT 290.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE 290.00		